



## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 78-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

FOR AGENCY USE		FOR RECORDS MANAGEMENT USE	
Application Date	1. Agency Address Ga. Dept. of Human Resources/ Division of Physical Health/ Early Periodic Screening & Treatment Unit/ Room 352-S/ 47 Trinity Ave., S.W./ Atlanta, Ga. 30334	Application Number	78-106
Application Number		Date Received	Date Completed
		MAY 17 1978	JUN 19 1978
2. Person to Contact		Working Title	
Mrs. Pat Melson		Research Assistant I	
3. Action Requested		Telephone Number	
a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate.		656-4826	
b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated.			
c. <input checked="" type="checkbox"/> Amend Application No. 75-277-A Check One: <input checked="" type="checkbox"/> Change; <input type="checkbox"/> Supersede; <input type="checkbox"/> Void		page 3: change retention period (white copy) to: hold in current files area 1 year; transfer to	
4. Dates of Series	5. Records Series Title (followed by title used in office, if different)		
Earliest	Early Periodic Screening Diagnosis and Treatment (ESPD) Files		
Latest	[State Records Center, hold 6 years; then destroy.]		
6. Division and Office Function What is the function of the Division and the Office in which this record series is created?			
SEE ATTACHED SCHEDULE			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.			
Documents relating to:			
Included are:			
File is arranged:			
8. Monthly Reference Rate How often are records referred to which are:			
One to six months old _____; Seven to twelve months old _____; Thirteen to twenty-four months old _____; twenty-five months and older _____?			
9. Annual Rate of Accumulation of Records Letter-size drawers _____; Legal-size drawers _____; Shelves _____; Other (specify) _____			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
		a. Is this the official copy of the series? If not, where is it?
		b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
		c. Is this a vital record?
		d. Does this series have historical or long term research value?
		e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
		f. Is the information contained in this series ever published? If yes, attach copy.
		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy.
		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where?
		i. Is this series (or a major portion of it) regularly microfilmed?
		j. Does the record series result in a computer printout?

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature)	Date	Records Management Officer (Signature)	Date
		<i>Elizabeth W. Crank</i>	5/15/78
		Elizabeth W. Crank, CRM State Records Committee (Signature)	Date
State Auditor/Designee	<i>[Signature]</i>		6/14/78
Secretary of State/Designee	<i>Canell Hart</i>		6-29-78
Attorney General/Designee	<i>M. A. [Signature]</i>		6/14/78

Recommendations in paragraph 12 are approved.  
(If disapproved, attach letter of explanation.)

## APPLICATION FOR RECORDS RETENTION SCHEDULE

OFFICE OF THE SECRETARY OF STATE  
DEPARTMENT OF ARCHIVES AND HISTORY  
RECORDS MANAGEMENT DIVISION

INSTRUCTIONS: See Publication No. 76-RM-1 for instructions on completing this form. Forward signed original to Department of Archives and History, Records Management Division, 330 Capitol Avenue, Atlanta, Georgia, 30334, Attention: Scheduling Section.

<b>FOR AGENCY USE</b>		<b>FOR RECORDS MANAGEMENT USE</b>	
Application Date April 13, 1977	1. Agency Address Georgia Department of Human Resources Division of Physical Health Early Periodic Screening Diagnosis & Treatment Unit - Room 350-S - 47 Trinity Avenue, S. W. - Atlanta, Georgia 30334	Application Number 75-277-A	
A. Application Number DHR-133		Date Received APR 14 1977	Date Completed MAY 17 1977
2. Person to Contact Mrs. Pat Nelson		Working Title Research Assistant I Telephone Number 656-4826	
3. Action Requested a. <input type="checkbox"/> Establish Retention Schedule; record will continue to accumulate. b. <input type="checkbox"/> Dispose of present accumulation; no further accumulation anticipated. c. <input checked="" type="checkbox"/> Amend Application No. 75-277 Check One: <input type="checkbox"/> Change; <input checked="" type="checkbox"/> Supersede; <input type="checkbox"/> Void			
4. Dates of Series Earliest Began 8/1/75 Latest present		5. Records Series Title (followed by title used in office, if different) Early Periodic Screening Diagnosis and Treatment (EPSDT) Files	
6. Division and Office Function What is the function of the Division and the Office in which this record series is created? The Division of Physical Health is responsible for the administration, direction, and coordination of the physical health programs throughout the State. This is accomplished by the establishment of health standards for business, housing, field operations and hospitals; the improvement of the physical health and dental health of adults and children; the diagnosis and control of diseases; the supervision of construction and licensure of health facilities; and the daily State-wide programs of registration, statistical coding, certification and preservation of the birth, marriages, divorces and annulments of marriage, and deaths that occur each year in the State.  The Early Periodic Screening Diagnosis and Treatment Unit (EPSDT) has the responsibility to coordinate the implementation of the EPSDT Program (a program which guarantees that children of Medicaid families will be tested and treated for any health problems discovered during the screening examination), State-wide, within the Division of Physical Health; to provide the operating framework for compliance with DHEW guidelines; to monitor and make on-site review of program operations; and to act as liaison representatives for the program within the Inter-Division Coordinating Committee. Specifically, the Unit receives data concerning program activity from throughout the State (through State Health District Offices from counties served by a particular District Office) and is responsible for the proper disposition of such data by screening for accuracy to justify payment of claims; and for compilation of reports, State-wide, for reporting to DHEW.			
7. Record Series Description This file contains the following documents (include form numbers and titles, if any): Attach samples of the file.  Documents relating to reporting, by County Health Care Centers throughout the State, the results of health screening examinations for children (from birth through 20 years of age) of families eligible for Medicaid. Included are: form DPH/HIS(2)-37 (Rev. 7-76) (Georgia EPSDT Screen and Claim Form) which shows name, address, sex, race, birthdate of child; Medicaid number; date screen initiated; periodic screen sequence; whether or not child referred (to physician) for each abnormality; required screening procedures for: health and development history health knowledge evaluation of immunization status; developmental appraisal; screening for physical condition; dental, vision, hearing appraisal; assessment of nutritional status; anemia; urine; tuberculin; venereal disease; PKU; determination of hemoglobin type; lead screen; intestinal parasites; next screen date; date screen completed; provider name, county, address, and disk address; approved for payment; and approved for payment and returned to provider with signature and explanation. DPH/HIS(2)-39 (Physical Health Document Transmittal Form), used to transmit EPSDT Screen and Claim form from County Health Department to State Health District Office, to return rejections for correction, and resubmission. Unnumbered form which is used for tracing batches sent to keypunch (Batch Tracing form). The file is arranged numerically, by number assigned by Unit.			
8. Monthly Reference Rate How often are records referred to which are: One to six months old ---; Seven to twelve months old ---; Thirteen to twenty-four months old ---; twenty-five months and older ---? Screening Schedule includes all children from birth through twenty (20) years. Children may enter the System at any age.			
9. Annual Rate of Accumulation of Records Letter-size drawers ---; Legal-size drawers ---; Shelves ---; Other (specify) --- State-wide program serves population of 292,000 estimated as eligible for Medicaid.			

YES	NO	10. Questionnaire (Place an "X" in the proper column)
X		a. Is this the official copy of the series? If not, where is it? <u>white copy</u>
	X	b. Does the series contain confidential information requiring security handling? If yes, cite law or regulation.
	X	c. Is this a vital record?
	X	d. Does this series have historical or long term research value?
	X	e. When one or two documents in the file make it necessary to keep the entire file for a long period, could these documents be scheduled separately?
	X	f. Is the information contained in this series ever published? If yes, attach copy.
X		g. Is the information contained in this series ever analyzed and/or recorded in a summarized report? If yes, attach copy. <u>Summarized for monthly reporting to DHEW - form NCSS-120</u>
X		h. Is there a duplication of this series in your office, or in another office or agency? If yes, where? <u>DFACS - County Health Depts. and District Health Offices</u>
	X	i. Is this series for a major portion of it regularly microfilmed?
X		j. Does the record series result in a computer printout? <u>all information from EPSDT Screen &amp; Claim form</u>

#### 11. Retention Requirements

The following requires the series to be kept:

- |                          |              |                                   |              |
|--------------------------|--------------|-----------------------------------|--------------|
| a. State Law             | _____ years. | d. Audit period                   | _____ years. |
| b. Statute of limitation | _____ years. | e. Administrative need            | _____ years. |
| c. Federal law           | _____ years. | f. Federal retention instructions | _____ years. |

Attach copy or excerpt of laws or regulations. Explain administrative need.

see attached sheet from 1974, Commerce Clearing House, Inc. (authority for administering  
Paragraph 14,551 - page 6232 (the Medicaid guidelines

#### 12. Approved Disposition Instructions

This agency recommends that the file series be cut off at the end of each:

☐ Calendar Year; ☐ Fiscal Year; ☐ Other \_\_\_\_\_ then,

- ☐ Hold in the current files area \_\_\_\_\_ month(s) \_\_\_\_\_ year(s); then
- ☐ Transfer to local holding area; hold \_\_\_\_\_ year(s); then
- ☐ Transfer to State Records Center; hold \_\_\_\_\_ year(s); then
- ☐ Destroy.
- ☐ Transfer to State Archives for permanent retention.
- ☐ Other (Specify)

(see page 3)

These instructions apply to all prior and future accumulations of the series.

Agency Head/Designee (Signature) <i>[Signature]</i>	Date <u>4/13/77</u>	Records Management Officer (Signature) <i>[Signature]</i>	Date <u>4/13/77</u>
Recommendations in para- 12 are approved. If approved, attach letter (if applicable)		State Records Committee (Signature) <i>[Signature]</i>	Date <u>5/17/77</u>
State Auditor/Designee <i>[Signature]</i>		Date <u>5/17/77</u>	

12. Disposition instructions:

Page 3

Form DPH/HIS(2)-37 (Rev. 7-76)  
Georgia EPSDT Screen and Claim Form

White copy (original)  
 EPSDT Child Health

- Cut off file at end of each fiscal year; hold in current files area 3 years; transfer to State Records Center; hold 4 years; then destroy.

Yellow copy  
 DFACS

- Upon determination that child is no longer eligible for this service, place folder in inactive file; cut off inactive file at end of each calendar year; hold 5 years; then destroy.

Pink copy )  
 Provider copy )  
 County Health Dept. )  
 Green copy )  
 District Health Office )

- Upon determination that child is no longer eligible for this service, or has not reported for screening for 4 years, place folder in inactive file which is arranged by year in which child attains age 21; thereunder alphabetically by last name of child. Hold inactive file at local holding area to the end of fiscal year in which children attain age 21; then destroy.

DPH/HIS(2)-39 (transmittal form)

- Destroy upon completion of all claims included with particular batch transmittal.

Batch Tracing Form

- Destroy when no longer needed for reference.

Printouts

Error List - shows errors found  
 on EPSDT Screen & Claim form )  
 Evaluation Scheme - summary data )  
 on program activity )  
 Payment Summary - data on pay- )  
 ment activity )

- Destroy when all errors have been corrected.
- Cut off file at end of each fiscal year; hold in current files area 3 years; then destroy.